

TECHNICAL SUPPORT FOR HIV/ AIDS PREVENTION, CARE AND TREATMENT

*Summary of achievements and lessons learned from
a five-year experience in a multi-country and regional
project in the Asia Pacific*

LAO PDR End of Project Report

Prepared and
submitted by:

FHI 360
**Asia Pacific Regional
Office**

19th floor, Tower 3,
Sindhorn Building
130-132, Wireless Rd.
Lumpini, Phatumwan
Bangkok 10330.
Thailand

Telephone:
662.263.2300

FHI 360
Papua New Guinea

Unit 3, Allotment 33,
Section 38
(P.O. Box 477)
Steamships Compound,
Waigani, NCD
Papua New Guinea

Telephone:
675.323.0966

This report is made possible with support from the American People through the United States Agency for International Development (USAID) under the terms of the Technical Assistance and Support Contract 3, Task Order 2 (GHS-I-02-07-00007-00). The contents of the report are the sole responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

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December 2012

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ACRONYMS

| | |
|---------|---|
| AIDS | Acquired immunodeficiency syndrome |
| ART | Antiretroviral therapy |
| BCC | Behavior change communication |
| BI | Burnet Institute |
| BSS | Behavioral surveillance survey |
| CPS | Comprehensive package of services |
| CHAS | Laos Center for HIV/AIDS/STIs |
| CSW | Commercial sex worker |
| DiC | Drop-in center |
| FGD | Focus group discussion |
| FP | Family planning |
| FSW | Female sex worker |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| HCT | HIV counseling and testing |
| IBBS | Integrated biological and behavioral survey |
| IDU | Injecting drug user |
| Lao PDR | Lao People's Democratic Republic |
| LAYAP | Lao Youth Action for AIDS Program |
| MARP | Most-at-risk population |
| MCH | Maternal and Child Health Department |
| M&E | Monitoring and evaluation |
| MOH | Ministry of Health |
| MSM | Men who have sex with men |
| MSF | Médecins sans Frontières |
| NCCA | National Committee for the Control of AIDS |
| NGOs | Non-governmental organizations |
| PCCA | Provincial Committee for the Control of AIDS |
| PSI | Population Services International |
| RDMA | Regional Development Mission Asia (USAID) |
| RDS | Response-driven sampling |
| SEA | Southeast Asia |
| SOP | Standard operating procedure |
| STI | Sexually transmitted infection |
| TASC 3 | Technical Assistance and Support Contract 3 |
| UNAIDS | Joint United Nations Program on HIV/AIDS |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |

ACKNOWLEDGEMENTS

FHI 360 would like to extend our deepest thanks to the Government of Lao PDR, in particular to the Ministry of Health, Laos Center for HIV/AIDS/STI (CHAS) and the Provincial Committees to the Control of AIDS (PCCAs) for their continued leadership since the beginning of this project in 2007. The commitment and dedication of our provincial partners, their staff and the volunteers, have led to the success in providing quality HIV/AIDS prevention, care and treatment and sexually transmitted infection services and linkages to service women in Lao PDR. Partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria has enabled interventions developed under this project to be taken to scale nationally. We would like to thank the USAID Regional Development Mission Asia (RDMA) for their technical guidance and their steadfast support for ensuring high quality service provision for service women in Lao PDR.

EXECUTIVE SUMMARY

Lao PDR has a relatively low HIV prevalence, with infections concentrated among most-at-risk populations (MARPs) in general and among female sex workers (FSWs) in particular. While overall prevalence has remained low, there are continuing high levels of sexually transmitted infections (STIs) among FSWs. This epidemic of STIs, coupled with on-going risk behaviors including low rates of condom use, fuel the potential for increased HIV transmission both among high-risk groups and within the general population.

In order to prevent HIV transmission between MARPs, and to mitigate its impact on people living with HIV (PLHIV) and their partners and families, FHI 360 provided intensive technical assistance to the Center for HIV/AIDS/STIs (CHAS), the Provincial Committees for the Control of AIDS (PCCAs), other government departments, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). FHI 360 also provided technical assistance for strategic information and proposal development and served as a technical lead for several national integrated biological and behavioral surveys (IBBS) and behavioral surveillance surveys (BSS).

Over the life of this project, FHI 360 worked with local partners to support the provision of a comprehensive package of services (CPS) for HIV prevention among female sex workers (FSWs) in four provinces where HIV and STI prevalence was high, also called “hotspot” provinces. The CPS package included:

- » peer outreach in drink shops and entertainment establishments to disseminate HIV prevention messages
- » linking FSWs to drop-in centers (DiCs) where FSWs could access free male and female condoms and lubricant,
- » STI diagnosis and management services, HIV counseling and testing (HCT), and
- » referrals to HIV care and treatment.

Key to the USAID RDMA strategy in Lao has been a focus on building the capacity of local partners to develop, implement, manage and monitor these interventions and eventually to inherit from FHI 360 the role as key providers of technical assistance to support model replication and roll-out. As part of the USAID RDMA strategy for sustainability in Lao has been identifying a “learning site” for the FSW CPS which could serve as a local source of technical assistance. In Lao PDR, the Vientiane PCCA emerged as the natural technical assistance provider for other provinces establishing an FSW DiC model under the GFATM program. Discussions of program transitions began in the second year of the project. In the third year of implementation,

FHI 360 began transferring ownership and management of the DiCs to the Government of Lao PDR (GoLPDR) to be included in the GFATM national program. Final handover of the provinces and establishment of two new provincial FSW DiCs were completed by the end of the project, while closely mentoring the Vientiane PCCA as the technical assistance provider.

The project achieved coverage of 80% of FSWs in the target provinces with the CPS model despite challenges faced, described further in the report. Results of a 2008 IBBS show a significant reduction in STI prevalence and increases in condom use among FSWs across all USAID and FHI 360-supported sites, where FHI 360 and PCCAs had established

DiCs under the previous USAID project. As a result, the GoLPDR and multilateral partners have demonstrated keen interest in learning more about the USAID model so it can be scaled up to other provinces in the country, and local partners under the RDMA project have played a key role in the provision of technical assistance for model replication. It should be noted that recent data suggest an upswing in STI prevalence in some project sites following the transition to local support, high-lighting the need for continued monitoring and assistance to ensure that interventions are replicated with sufficient fidelity, that quality and intensity of service provision are maintained, and that key gains achieved under the USAID project are not reversed.

COUNTRY CONTEXT AND EPIDEMIOLOGY

Compared to many other countries in the Greater Mekong Subregion, HIV prevalence in Lao PDR remains relatively low at 0.2% of the adult population.¹ However, only 3,659 HIV cases (out of an estimated 8,500²) had been identified by the end of 2009.³ The gap is explained in part by late diagnosis, as 76% of HIV-positive individuals are first diagnosed with a CD4 <200⁴.

Additionally, while significant reductions in STI prevalence have been achieved over the last decade,⁵ rates of chlamydia and gonorrhea remain high - from 9% in men who have sex with men⁶ to 22% in female sex workers⁵ in 2009. These infections increase vulnerability to HIV and prevention and treatment of STIs are integral to HIV prevention programs.

Heterosexual sex accounts for 87% of the cumulative HIV cases in Laos.¹ The majority of cases have been identified in border areas - Savannakhet (40%), Vientiane (33%), and

Champasak (9.8%) - and among⁹ self-identified migrant workers, highlighting the role of cross-border migration in driving the epidemic.¹ The face of the epidemic is also increasingly young and female, and while only 3% of people living with HIV/AIDS (PLHIV) in Laos self-report as female sex workers (FSWs), there may be significant bias in self-reporting of occupation.¹

The population of FSWs in Laos is estimated at more than 13,000 nationwide; a 2008 integrated behavioral and biological surveillance (IBBS) survey⁷ conducted among FSWs (n=1472) in six provinces found an HIV prevalence of 0.4%. This may have been due in part to high turnover; women engage in short-term sex work for financial reasons rather than as a long-term economic strategy, therefore a substantial proportion of the population at any given time will be new and disease-free. The survey also showed significant, on-going risk and vulnerability, including non-



consensual sex (22%), relatively low rates of condom use with casual (non-commercial) partners (66%), and high rates of condom breakage (32%). Despite relatively high rates of chlamydia or gonorrhea infection (21%), only 51% of the women surveyed had received an STI check-up in the last three months.

With significant support from international actors, the GoLPDR has taken steps to control the HIV/AIDS epidemic in Laos, including launching prevention, testing, monitoring and treatment campaigns targeting MARPs. The Lao PDR CHAS has prioritized scale-up of quality HIV/AIDS/STI programming, and the National Committee for the Control of AIDS (NCCA) developed and launched the 2006-2010 National HIV/AIDS Strategy and Action Plan.

Despite these measures, significant challenges remain in preventing the spread of the epidemic. In order to reduce HIV vulnerability and transmission, it is imperative to intensify HIV/AIDS interventions and find new and more effective ways of reaching the growing number of MARPs with prevention, treatment, care and support services.

¹UNGASS Country Progress Report 2010.

²<http://www.unaids.org/en/regionscountries/countries/laopeople democratic republic/>

³CHAS, 2009

⁴UNGASS 2010 – source 16: Savannakhet HIV Adult Cohort Study, Ministry of Health and Center for HIV/AIDS/STI, 2008

⁵UNGASS 2010, Source 17: Second Generation Surveillance 3rd Round on HIV, STI, and Behavior – Lao People's Democratic Republic, 2008

⁶UNGASS 2010, Source 17: 18 Biological and Behavioral Survey among MSM in Vientiane – Lao People's Democratic Republic, 2009.

⁷Ministry of Health Center for HIV/AIDS/STI – Lao PDR. Integrated Behavioral and Biological Surveillance 2008, June 2009

USAID/FHI 360 PROGRAM STRATEGY

This report highlights the major achievements of the five-year (2007–2012) USAID Regional Development Mission Asia (RDMA)-funded Technical Support for HIV/AIDS Prevention, Care and Treatment project as implemented by FHI 360 in Lao PDR. The Technical Support for HIV/AIDS Prevention, Care and Treatment project (hereafter referred to as the RDMA Project) was implemented and coordinated by the FHI 360 Asia Pacific Regional Office in the region and in four countries: China (Yunnan and Guangxi provinces), Thailand, Papua New Guinea and Lao People's Democratic Republic.

In Laos, FHI 360 supported the USAID/RDMA strategy to design, test, and replicate high-quality technical models for HIV/AIDS prevention, care, and treatment for MARPs as well as to build the capacity of national and local government to strengthen strategic information availability and use. In particular, FHI 360 emphasized enhancing intervention quality and sustainability and on documentation and dissemination of lessons learned in order to transfer the program to the GoLPDR for replication.

Through the global AIDSCAP and IMPACT projects and regional bilateral awards, USAID has supported FHI 360 to provide HIV/AIDS assessments, prevention and care activities in Lao PDR since the early 1990s.

Strategic objectives

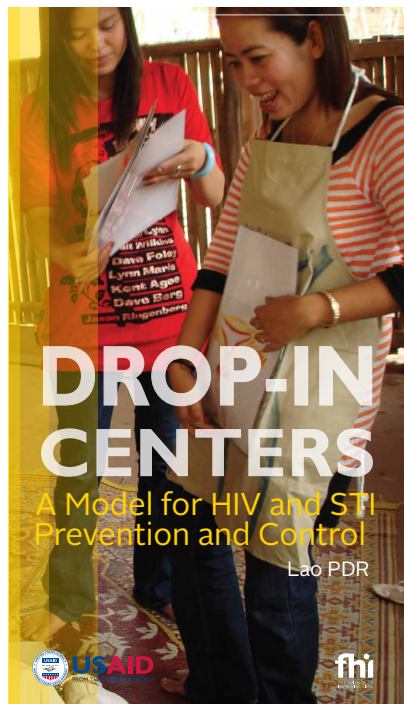
The specific objectives of the project were to:

- » Provide technical leadership and mentorship to improve the planning, collection, analysis and use of strategic information;
- » Increase access to comprehensive prevention interventions for MARPs, specifically FSWs and their clients, through the comprehensive package of services; and,
- » Leverage and harmonize additional donor resources to support the scale up of USG-supported projects.

Over the life of the project, FHI 360 provided technical assistance to the Lao PDR government to collect and use strategic information through multiple rounds of BSS and IBBS, which served as key reference documents in planning the national HIV response. FHI 360 also supported the provision of a high-quality, comprehensive package of prevention services for FSWs through drop-in centers (DiCs) in four “hotspot” provinces (Vientiane, Savannakhet, Luang Prabang and Champasak) and two additional provinces (Borkeo and Xiengkhuang) with GFATM support.

Working with Local Partners

FHI 360 recognizes that long-term sustainability is contingent upon the buy-in and ownership by local governments, implementing agencies and other stakeholders of models and processes supported by the project. FHI 360 partnered with the Laos Government at the national, provincial and district levels and other implementing agencies to implement the RDMA project. FHI 360 supported local partners to conduct focus group discussions, pre-



FHI 360 Lao Drop in Center brochure describing the program model, July 2010

test outreach manuals, and provide HIV and STI prevention services. FHI 360 also assisted the national government in carrying out surveillance surveys.

With support from FHI 360, the Provincial Committees for the Control of AIDS (PCCAs) in project sites implemented and managed the CPS model, which reached 80% of FSWs in target provinces despite intense crackdowns on drink shops by local authorities.

As in other countries, FSWs in Laos are reluctant to access government health care services and prefer self-treatment (if they can afford the cost) or suffering the symptoms (if they cannot). The 2008 IBBS, however, showed that the USAID/FHI 360-supported model was successful at reaching large numbers of FSWs and providing clinical services which drove down STI prevalence among this population. The Government and multilateral partners such as the GFATM were therefore interested in learning about the FHI 360-supported model so it could be expanded to new sites. At the invitation of UNAIDS, two DiC staff members attended the “Journey to Global Fund Round 10” consultative meeting in Bangkok. The DiC in Vientiane also assisted UNICEF in implementing assessment exercises for vulnerable adolescents and FSWs.

Building Capacity through Technical Assistance

Building capacity to plan, implement and monitor HIV/AIDS/STI interventions was a central pillar of the project. FHI 360 trained and mentored individuals and built institutional capacities to improve service quality and coverage, management skills, stakeholder engagement, and monitoring and feedback mechanisms. FHI 360 also provided technical assistance to CHAS, PCCAs and other partners in strategic information, proposal development, and STI management for men who have sex with men (MSM) and FSWs. In order to strengthen the capacity of local partners to deliver high-quality, effective HIV prevention, care and support services, FHI 360's technical assistance comprised:

- » Formal trainings that included participatory adult education methodologies, including practicum and on-the-job training where possible;
- » Exposure visits (to other project models within the country)
- » Sub-grant provision to the PCCAs to implement the program
- » On-going mentorship and supervision for all aspects of the program; and
- » Standard operating procedures (SOPs), guidelines, and information, education and communication tools.

Summary of Capacity Building Achievements *(average number of individuals or organizations reached per year)*

| Indicator | Achievement |
|--|--------------------|
| Number of drop-in centers | 7 |
| Number of people trained in STI management | 29 |
| Number of people trained in HIV care and treatment | 23 |
| Number of people trained in strategic information | 28 |
| Number of outreach workers trained | 37 |
| Number of local organizations provided with technical assistance for hiv-related policy development and institutional building | 8 |

Note: The achievements noted above are presented as averages rather than totals because the USAID indicators track unique individuals across a single year but may be duplicated from year to year; thus, these figures may not be summed across all years of project support.

STRATEGIC INFORMATION MADE MORE AVAILABLE AND USEFUL

Availability and appropriate use of high-quality data is important for tracking epidemic status and planning a comprehensive and effective response. FHI 360 strengthened HIV/AIDS/STI monitoring, evaluation and reporting and integrated program monitoring and evaluation (M&E) into the strategic information system in Lao PDR. FHI 360 also provided technical assistance to streamline and standardize reporting systems and to strengthen the capacity of key stakeholders for data collection, analysis, management, quality control, and dissemination.

Technical Assistance to Implement Multiple Rounds of IBBS and BSS

Through the RDMA project, FHI 360 supported CHAS to strengthen collection and analysis of strategic information, including:

- » providing technical assistance for the revision of the national behavioral surveillance system, protocols and questionnaire, and
- » mentoring CHAS and PCCA staff in the development of an integrated biological and behavioral surveillance system for MSM and FSWs.

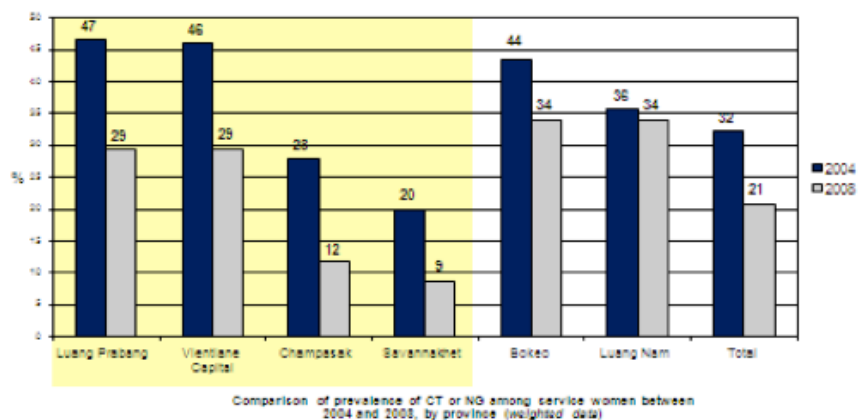
FHI 360 assisted CHAS with survey design and data analysis for the 2007 IBBS among FSWs and their clients, and trained 25 staff from CHAS and the PCCAs from six provinces on size estimation.

In preparation for the 2008 IBBS, FHI 360 supported the revision of the national surveillance protocol and questionnaires, provided field supervision during data collection, and trained CHAS, PCCA and Population Services International (PSI) staff in response-driven sampling (RDS), data management, analysis, and dissemination and supported field data collection for the MSM survey. In 2009, FHI 360 provided assistance to conduct GFATM-supported BSS among FSWs and IBBS among MSM.

Finally FHI 360 provided technical assistance and mentoring in data management (cleaning and analysis) for CHAS and the PCCAs to implement the 2011 IBBS. As a result of previous technical assistance provided by FHI 360, CHAS did not require any field support for the 2011 IBBS, but FHI 360 did support dissemination of the final reports.

Data collected with FHI 360 assistance helped to clarify the state of the epidemic and to estimate the impact of the response, leading to adjustment in some activities. For example, surveillance data collected in 2008 supported the successful replication of the drop-in center model at two additional sites using GFATM funding.

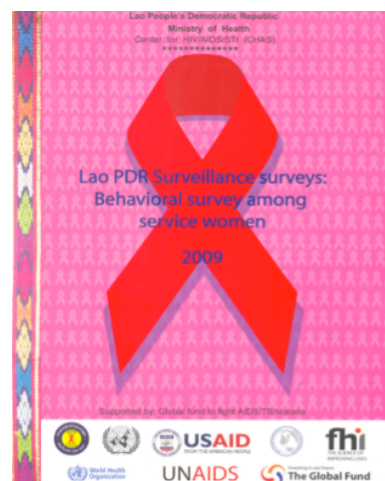
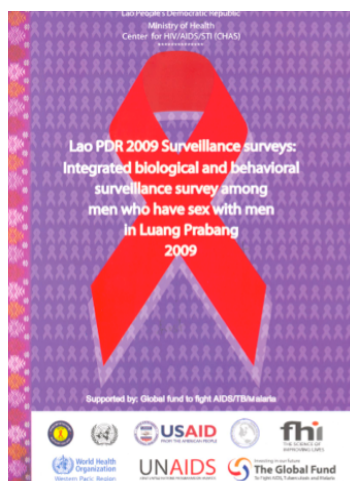
Significant STI reduction noted across all USAID/FHI360 supported sites



Technical Assistance for Continued Collection, Analysis and Use of Strategic Information

FHI 360 provided on-going support for routine monitoring of the DiCs and the use of strategic information for service improvements. FHI 360 supported CHAS, the PCCAs, international development partners and other government departments in developing national-level policies and

survey protocols for STI clinical services and management for MSM and FSWs, which were adapted into project/clinic-level SOPs. Staff of CHAS and the PCCAs acquired skills in data management and development of the National HIV/AIDS/STI Control and Prevention Strategic and Action Plan 2011-2015 and in documenting project activities and achievements. Relying on available strategic information, CHAS successfully advocated for additional funding from GFATM to continue the program and scale it up in new provinces.



ACCESS TO COMPREHENSIVE PREVENTION INTERVENTIONS FOR MARPS INCREASED

Under this project, FHI 360 supported the provision of a comprehensive package of services in Lao PDR, aimed at delivering appropriate and high-quality HIV prevention interventions to those most at risk of becoming infected or spreading their infection to others, in order to prevent the maximum number of new infections.

Interventions included under the CPS model included provision of behavior change communications through peer and outreach education, condom distribution, and support for community-based drop-in centers as platforms for delivery of HIV counseling and testing and STI clinical services.

At its peak in FY09 the program reached 4,490 FSWs with 50,795 cumulative contacts at drink shops and entertainment establishments across four provinces. In the same year, through collaboration with the GFATM, 1,186 FSWs received HIV pre- and post-test counseling and testing and received their results. FSWs who were found positive were referred for follow-up services at the ART clinics managed by Médecins sans Frontières (MSF) and the provincial hospital/PCCA through the GFATM. A total of 2,654 FSWs, 774 male clients and 635 female partners of male clients received STI treatment services at seven DiCs.

Summary of Prevention and Care Achievements (average reached per year)

| Item | Achievement |
|---|--------------------|
| Number of drop-in centers | 7 |
| Number of people reached with prevention interventions including community outreach | 4,211 |
| Number of individuals who received counseling and testing for HIV and received their test results | 790 |
| Number of people reached with STI services | 2,396 |
| Number of condom outlets | 292 |
| Number of male condoms sold/distributed | 567,680 |
| Number of female condoms sold/distributed | 194,968 |
| Number of condom lubricant units sold/distributed | 402,073 |

As mentioned previously, the achievements noted above are presented as averages rather than totals because the USAID indicators track unique individuals across a single year but may be duplicated from year to year; thus, these figures may not be summed across all years of project support. The averages presented above additionally do not reflect changes in project implementation (delays, short-term closures, site transitions etc.) which are described in the narrative, below.

BCC through technical assistance to DiC managers and outreach volunteers

FHI 360 supported the implementation of behavior change communication activities delivered regularly by trained peer outreach workers in entertainment venues and through community-based DiCs. BCC messages and activities focused on promotion of consistent condom use and uptake of HCT/STI clinical services, and were regularly refreshed in collaboration with project staff and volunteers.

A key feature in the success of the BCC approach under the project was the intensity of BCC coverage. The 2008 IBBS among FSWs documented that the median number of women at an entertainment establishment (drink shop etc.) at any given time is lower than the total number of employees working at that establishment. There is additionally high turnover among FSWs. A single visit to an establishment therefore does not provide

“My...friends love services provided by the drop in center. I especially consider it as a safe and friendly space to learn and share. I attend check up, received treatment and get advice or consult. I think of it as my second home – I take my food with me and eat there; I do my nail, hair and make up there. I recommend my new friends to visit. I want the services there to continue as long as I work and forever.”

– 19 year old peer outreach volunteer in Vientiane, Ms. Tui



comprehensive coverage - intensive outreach is key to the success of the CPS model. Under the RDMA project, each CPS site covered between 11 and 56 drink shops, with four outreach workers, who worked five days a week and visited at least two drink shops a day.

Outreach workers were FSWs who were either recruited from the drink shops or selected by the PCCA and trained to conduct outreach activities. They built strong relationships with drink shop owners (mamasans) and obtained permission to talk to the girls. A typical visit lasted 30-45 minutes, during which outreach workers used educational materials produced with FHI 360 assistance to conduct themed sessions on STIs, HIV/AIDS, condoms use, sexual and reproductive health, men's desires, basic life skills, and other intimate topics. Each session ended with (male and female) condom demonstration and distribution.

FHI 360 conducted on-going training and field monitoring of outreach volunteers and project managers. Training topics included how to build rapport with outreach clients; dealing with myths and misconceptions around HIV and answering frequently asked questions; and learning what it might be like to live with HIV. Volunteers were also provided with outreach manuals and communication materials including Risk Cards, the Snakes and Ladders game, and the Money Game. Many of the materials were produced by the outreach volunteers themselves, with support from FHI 360's communications experts, and were specifically designed for use with low-literacy audiences.



Peer educator playing the Money Game at the drinkshop



Outreach session in a drink shop

FHI 360 also worked with local partners to develop monthly BCC “themes” to avoid message fatigue, and coaching and problem-solving support to carry out BCC activities. The themes and the interactive activities (called “games” among the stakeholders) were developed using a collaborative client-centered approach that began with FSWs identifying their needs, and focused on selection of themes and application of theory and evidence-based interventions. Themes were developed during two-day workshops: on the first day, a new theme and accompanying materials were produced by the outreach workers themselves, and on the second day, the new theme was pre-tested at a drink shop and modified as needed.

In order to strengthen the capacity of CHAS and the PCCAs, FHI 360 also provided them with training on BCC. During regular supervision visits, FHI 360 staff also built the capacity of managers to develop weekly work plans, manage procurement and other logistics, and monitor the performance of outreach volunteers.



Peer educator at the drinkshop conducting HIV education through a game



Male condom demonstration using local materials

During the field visits, FHI 360 and CHAS conducted quality assurance and quality control of program data and addressed DiC staff queries on GFATM indicators and other reporting requirements. These visits also motivated establishment owners and FSWs to continue participating in program activities and helped FHI 360 and local partner staff to better address the problems and concerns of the target population.

As a result of this high-intensity approach to BCC delivery, the 2008 IBBS (which covers only one year of implementation of the TASC3 project) showed that condom use at last sex with clients was higher among targeted FSWs in 3 of the four provinces than among all SWs in the country.

Condom Promotion and Distribution

Under the RDMA project, FHI 360 supported the distribution of condoms at the DiCs, drink shops, entertainment centers, and special events. After receiving approval from CHAS in 2009 to introduce the female condom in Laos for the first time, FHI 360 worked closely with CHAS and UNFPA to introduce female condoms within the USAID-supported sites. Female condoms were provided through a USAID donation, enabling FHI 360 and the PCCAs to distributed them for free to FSWs during outreach and in the DiCs. The female condoms was also promoted as a back-up when a man did not want to wear a condom. FHI 360 developed a communication strategy to guide female condom promotion and distribution.

FHI 360 also trained GFATM partners (Norwegian Church Aid, Lao Youth AIDS Program, Promotion for Education and Development Association) and government departments (provincial hospitals, MCH Institute) in female condom promotion and distribution strategies targeting FSWs. This training prompted CHAS to include female condom activities in the Round 4 GFATM RCC proposal.

Outreach workers distributed 350,344 female condoms to FSWs and their clients and implementing partners, including the Lao Youth Action for AIDS Program, Burnet Institute and MCH. FSWs embraced the female condom because it enhanced their ability to make decisions about protection during sex and provided an additional option if the man refused to use a male condom. FHI 360 shared the female condom experience during a poster presentation, “Initiating the implementation of Female Condom among Female Sex Workers in Vientiane Capital” at the 2012 International AIDS Conference held in Washington, D.C.

The Drop-in Center

Support for community-based drop-in centers as safe spaces and service delivery platforms was central to the success of the CPS model in Laos. These DiCs, which were established with FHI 360 assistance under the previous USAID project, served as a “home away from home” for FSWs, because they offered a comfortable and safe environment to rest, relax, take part in outreach activities, and discuss common and intimate issues freely. At the DiCs, FSWs learned condom-use skills (including condom negotiation), risk reduction behaviors, and life skills.

The PCCAs coordinated DiC activities in consultation with peer outreach workers. They also monitored the outreach workers and provided feedback for program improvements. Usually, each DiC was managed by a nurse, while a doctor coordinated all the DiCs in a single province.

FHI 360 built the technical and management capacity of CHAS and PCCA staff to provide a CPS at the DiCs through trainings, workshops, meetings, embedding of local consultants, study visits, and routine mentoring. Capacity building activities focused on:

- » strengthening quality of intervention services, including BCC activities, STI case management, HCT, and community engagement and mobilization
- » core management capacities, including work plan/budget development, monitoring and evaluation, human resources management, commodities forecasting and procurement, and report writing

Over the course of FY11, FHI 360 transitioned all USAID-supported DiCs to the GFATM program, which covered all service delivery costs for DiCs in Luang Prabang (one DiC), Champasak (one DiC), Savanakheth (one DiC) and Vientiane (four DiCs). During this period, FHI 360 continued to provide technical assistance to the DiCs with RDMA funding. In 2012, FHI 360 and local partners finalized Establishing a Drop-in Center for Female Sex Workers in Lao PDR - Standard Operating Procedures, a set of guidelines for replicating this project approach.



Drop in Centre sign reads ‘Our New House’ in Laos, Vientiane

Provision of clinical services for sexual and reproductive health

The DiCs also functioned as a platform where FSWs and their clients could access symptomatic treatment and monthly, presumptive treatment for STIs, HIV counseling and testing, and referral for HIV-positive clients to ART clinics and support groups.

STI Check-ups and Presumptive Treatment: An important goal of the CPS model in Laos has been to reduce the high prevalence of gonorrhea and chlamydia among FSWs by providing presumptive STI treatment. To support this goal, FHI 360 and local partners recruited doctors and nurses from the provincial and district hospitals and provided an initial week-long training on STI management, followed by a second week of site visits before clinicians are placed in a DiC. Clinics typically offered STI services one day per week, and there was some variation in the model of STI service delivery between DiC sites, based on the local context:

- » Regular, campaign-style promotion of periodic presumptive treatment (PPT) for STIs where outreach volunteers would collect a large number of clients in a short period of time (about two weeks)
- » PPT incorporated into routine, monthly check-ups

Gonorrhea and chlamydia treatment were provided free-of-charge through the DiC service, while other treatments were offered at a low cost, subsidized through a revolving fund. Treatment was directly observed at the DiC, and project staff worked with drink shop owners to subsidize the cost of transport to and from the DiC for a check-up. Overall, approximately 50% of service women covered by the project received regular, asymptomatic check-ups. Additionally, STI prevalence dropped by 37-58% at FHI360 sites between the 2004 and 2008 IBBS surveys. While the 2008 IBBS only covers one year of implementation under the project, these results compare favorably to a decrease of only 6-23% at sites not supported by the project.

HIV Counseling and Testing: Another key goal of the CPS is to promote early and regular HCT; where possible, the DiCs offer on-site, rapid HIV testing and confirmation with test kits provided using GFATM funding. Challenges with the supply chain resulted in different approaches at different sites – in some places the DiC refers FSWs to the provincial hospital for HCT.

“USAID/FHI has been very supportive to the Vientiane PCCA. It built capacity of officials in both technical and management which are critical for FSW Programming. We value the mentoring support given in set up systems (work plan, budget, field monitoring visit, training, use of program data, record keeping and reporting). Also an assistance in preparation for handing over DiCs to GFATM-informed us in advance & helped us prepare. The transition went smoothly & no gaps in service delivery. We continued to receive USAID/FHI’s TA after transition.”

***– Dr. Phonepaserth
Ounaphome, Vientiane PCCA***

Family Planning: The provision of family planning services for FSWs was first initiated in the DiCs in February 2011 – with consultation and contraceptives offered in Vientiane DiCs only and information and referrals in all other provinces - after soliciting critical CHAS and the Department of Maternal and Child Health (MCH) approval, which was necessary due to the stigma and discrimination associated with unmarried and young women (FSWs) seeking family planning. USAID funding supported the DiCs and staffing, while FHI 360 leveraged funding from UNFPA so that MCH could provide training, supervision support, and contraceptive pills to DiCs free-of-charge, demonstrating their strong commitment to providing services to marginalized populations.

In total, FHI 360 trained and supported 35 counselors in HIV counseling and testing, and provided technical guidance to 160 care providers in STI management, to improve the quality of clinical services in the DiCs and (in collaboration with MSF) to enhance referral systems with provincial hospitals.

Building Local Capacity to Provide TA

In June 2011, FHI 360 supported CHAS and the PCCAs to establish DiCs in two new GFATM-funded provinces - Xiengkhuang and Borkeo. FHI 360 provided technical assistance for advocacy with the local authorities, collaboration and coordination with local partners, introduction of FSWs and establishment owners to DiC services, and training of staff to implement a CPS at the centers.

Management and technical assistance for the start-up of DiC services, however, was provided by the Vientiane PCCA, with mentoring from FHI 360. This is in keeping with FHI 360’s cascading model of TA provision, in which local implementing partners are initially recipients of technical assistance but over the course of the project are strengthened to become providers of this assistance in their own right. FHI 360 built the capacity of the Vientiane sites and gave them the tools to provide technical assistance to other PCCAs, while continuing to ensure that these sites delivered high- quality services. In August 2011, members of the Xiengkhuang and Borkeo PCCAs conducted a learning visit to Vientiane.

The Vientiane PCCA helped local implementers update their target population mapping and set targets, assisted in the organizational and physical set up of the DiCs, and provided guidance on staffing, provision of outreach and STI services, recording and reporting, procurement and supplies management, and other practices as described in the DiC standard operating procedures.

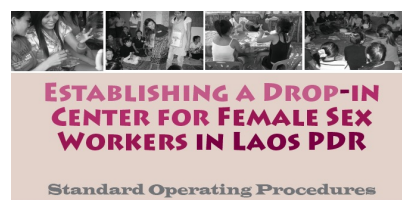
Based on this successful provision of local technical assistance, FHI 360 in consultation with USAID, CHAS and the PCCA recommended that all DiCs in Vientiane Province should function as a collective model site to support and mentor other provinces wishing to establish DiCs. Throughout the period of the project, the DiCs continued to host visitors from the Ministry of Health, Ministry of Foreign Affairs, CHAS, and other partners (including UNAIDS and WHO), who expressed interest in learning more about the CPS model for reaching FSWS and their clients. These visitors gave positive comments about the program and recommended that it be replicated in other provinces.

Technical Assistance to Revise the National Guidelines on STI Management

FHI 360 provided technical assistance to CHAS for the revision of the national STI guidelines and provided technical guidance for the development of the Laos national STI handbook and STI clinical management guidelines for MSM, transgender, and FSWS. The guidelines and handbook have since been produced and disseminated and are currently being used by partners throughout Lao PDR.

Manuals and Guidelines are used beyond project sites

Some components of the DiC model, such as the BCC programs manual and promotion of the female condoms, have been utilized by other programs in Laos. The project also facilitated the development of Standard Operating Procedures for start-up and management of DiCs which have now been adopted by CHAS.



SUCCESS STORY: SAFE BEHAVIOR, SAVE MONEY

Twenty-four-year-old Chanvivan (not her real name) left her hometown in Huaphanh Province for Xaythany District in Vientiane at the age of 17 in order to make money to support her family. She got a job in a factory and worked there for one year. During this period she got married to a fellow factory worker and they both left the factory to open a grocery shop in Xaythany. However, the man divorced her when she was two months pregnant and this made her to return to her hometown. One year after she gave birth to her son, she decided to return to Xaythany to find ways of supporting her family. But because of her lower education background (secondary school), she could not get a job that could provide enough money to meet her family needs other than sex work. She then started sex work at the age of 19, moving from one drink shop to another in search of clients.

One week after her arrival in a drink shop in Xaythany, she came in contact with outreach volunteers, who introduced her to the DiC. She started attending the DiC to access services and to participate in the education sessions. At the DiC, she learnt about her own body, HIV and other STIs, condom use, and other life skills. Most importantly, Chanvivan learnt how to negotiate condom use with clients and how to save the money she earns. She now uses the condom with every client and is able to protect herself from HIV and other STI infection. She can also save and send some money home to support her parents, her younger ones and her son. She enjoys her engagement with the DiC and attends the sessions regularly.



(left) Chanvivan and Ms Lat (an outreach volunteer) at the Xanthany DiC

EFFECTIVENESS OF USG PROGRAMS ENHANCED BY LEVERAGING OTHER DONOR RESOURCES

With funding from USAID RDMA, FHI 360 in Lao PDR developed, implemented, monitored and transitioned the FSW HIV and STI intervention and also regularly generated national HIV surveillance results for the GoLPDR to use for planning.

During FY08-FY10, when FHI 360 was directly funding and monitoring partners to operate the HIV and STI intervention, GFATM provided HIV rapid test kits for the DiCs – this enabled HIV rapid testing to be offered at the DiC level. Partnership with GFATM enabled the project to leverage resources to increase service effectiveness. The project leveraged resources to scale-up the DiC-based CPS model to two additional provinces.

Technical Assistance to Leverage New Funding

After CHAS determined a timeframe when full operational and funding support would move from USAID and FHI 360 to the PCCAs themselves as GFATM implementers, FHI 360 provided technical assistance to CHAS, PCCA and DiC staff by providing practical orientation/skills on how the GFATM program funding cycle works and the expectations. Prime areas of focus included the work plan and budget, required report indicators and other funding rules and regulations. The orientation sessions helped in addressing questions, gaps, pertinent issues and in highlighting important deadlines to the PCCAs, who had been used to the USAID/FHI 360 funding cycle and requirements.

The FSW intervention was not the only activity that GFATM opted to support directly. With FHI 360 assistance, CHAS successfully applied for full funding from GFATM to conduct the fourth round IBBS in 2011.

Other partnerships with GFATM include FHI 360 also assisted in revising the STI and reproductive health components of the GFATM RCC Round 4 proposal.

Non-GFATM leveraging with UNFPA funds enabled the Lao MCH to provide training, supervision, support, and contraceptive pills for the provision of family planning services to FSWs at the Vientiane DiCs, and information and referrals in the remaining DiCs. The DiCs had a gap in family planning services in the DiC and the partnership with UNFPA, MCH and FHI 360 allowed these services to be launched in the DiCs.

Transfer of Program Operations and Funding (Transitioning) to Laos Government

In support of the USAID/RMDA sustainability strategy to shift from program implementation to technical assistance provision, FHI 360 agreed with CHAS, USAID/RDMA, and the PCCAs to transfer ownership and operation of the DiCs to the Laos Government. Luang Prabang was the first province to be transitioned in June 2010 and by the end of September 2011, all DiCs in the remaining three provinces – Savannakhet, Champasak and Vientiane – had been transitioned to the government and all service delivery-related costs were covered by GFATM. The transition process allowed continuous delivery to FSWs through the DiCs with minimal service disruption where possible.

As part of the transfer process, FHI 360 developed SOPs to guide the PCCAs to set up and manage the DiCs. FHI 360 funded and organized meetings, workshops and field visits to the DiCs in order to orient and mentor assigned government staff to the functioning, approaches and

“USAID/FHI program has built capacity of government officials in the implementation of FSW program. I have observed that the PCCA learn how to work in team, how to better coordinate and collaborate, and demonstrate their ownership to this program. STI doctors working for drop in centers have obtained adequate and improve skill for the management of STI among FSW. The outreach volunteers (who is also FSW) has obtained skills and share them with their peers in HIV prevention activities or behavioral change communication activities. The owners of drink shops have actively participated in this program through facilitating the distribution of condom, access to STI screening and treatment by FSW and their customers. The Drop in Centers become a place where FSW and their clients visit to access counseling, sharing skills and getting connect to other services including occupational trainings.”

– Dr. Chansy Phimpachanh, Director (former), CHAS

management (including budget, quality assurance and quality improvement) of the DiCs.

Following transfer of ownership of the DiCs, FHI 360 continued to mentor CHAS staff who were responsible for overseeing the FSW interventions implemented by the PCCAs. FHI 360 built the capacity of the staff, especially STI and M&E unit staff, to continue providing quality services. Through intensive orientations, trainings, meetings, learning visits to DiCs, and focus group discussions with FSWs and establishment venue owners, CHAS staff familiarized themselves with the DiC model.

CHALLENGES, LESSONS LEARNED AND CONCLUSION

Continued Challenges

One of the greatest challenges to maintaining and increasing access to the CPS for FSWs was the crackdowns by local authorities when preparing for and during the celebration of important events such as the Southeast Asian Games (SEA Games), which were held in Vientiane in December 2009. During such crackdowns, police officers visited drink shops to arrest FSWs and levy drink shop owners, pushing FSWs to operate ‘underground’ where they were increasingly difficult to reach. Some of them stopped coming to the DiCs during such periods.

The M&E system, human resource capacity and coordination for HIV/AIDS interventions at both the national and provincial levels were weak. The NCCA did not meet regularly, the PCCA continued to face capacity constraints, and human resource capacity within (and outside) the health sector was generally poor.

Limited or delayed GFATM funding affected project implementation at different periods. The GFATM Round 11 was cancelled, which led the Laos CCM to significantly reduce funding for prevention activities in order to maintain antiretroviral treatment services for PLHIV. Field monitoring and supervision support by FHI 360 and PCCA for outreach volunteers was reduced during the final year of the project and FHI 360 utilized USAID funding (rather the GFATM support) to start up the new DiCs in Borkeo and Xiengkhuang as part of the GFATM program.

Due to the fragile nature of the supply chain management system, there were delays in the procurement and supply of HIV rapid test kits and female condoms to support HCT in the DiCs since the project began in FY08. However, FHI 360 assisted the PCCAs to adjust their procurement requests by at least six months in order to minimize service provision gaps and ensure a more consistent and reliable supply.

A challenge that greatly affected the transition from FHI 360 to GFATM was that GFATM was unable to cover all the components of the USAID/FHI 360 intervention model due to other funding priorities. Much of the model was retained in the GFATM program, such as use of outreach and establishment of the DiCs, however, GFATM was unable to cover the costs of continued PPT for the high STI prevalence and for regular program monitoring at all levels. This may help explain why data have shown a resurgence in STIs among FSWs in some DiC sites after transfer of those sites to GFATM funding.

Lessons Learned

The use of mobile telephones helped maintain communication and treatment support with a good number of FSWs and drink shop owners during police crackdowns. Although the calls were not as intensive as the regular outreach, it helped to maintain a good relationship and kept contact information updated when outreach meetings were not possible.

Significant effort, time and reinforcement are necessary to successfully strengthen capacities in strategic information at all levels in Laos. Similarly, routine implementation of surveillance activities requires extensive and regular funding, which proved to be a continued challenge in Lao PDR.

Including FSWs, drink shop owners and outreach workers in the development of BCC themes for outreach activities proved successful. This model helped boost the morale, confidence and activity ownership of outreach workers over the life of the project.

There were many outreach workers with the program today that joined the program at the beginning. The monthly development of new BCC themes, based on FSWs needs, helped to hold FSWs' interest and prevented "message fatigue" during outreach activities.

Collaboration with and close monitoring of FSWs, CHAS and the PCCAs by FHI 360 made operation of the DiC-based CPS model possible with minimal disruptions. Leveraging funds from the GFATM made possible the implementation of certain activities that were not covered by USAID funding. This includes being able to provide rapid HIV testing at the DiC level rather than referring FSW to clinical facilities.

Conclusions

In spite of the challenges, this project reached 80% of FSWs with a comprehensive package of services in the target provinces. Results of the IBBS showed a significant reduction in STI prevalence and increase in condom use among FSWs across all USAID-supported sites. As a result, the Laos Government and multilateral partners have demonstrated keen interest in learning more about the CPS model so it can be scaled up to other provinces in the country. This offers an entry point to the provision of accelerated and increased HIV/AIDS services to get more FSWs and other MARPs in Laos to access the CPS.

However, scaling up to other provinces will require additional capacity building for the DiC operators, the PCCAs, CHAS and other stakeholders in Laos and this should be a focus of any follow-on project. More importantly, budget allocation to allow for these activities should be seriously considered in order to maintain higher

quality services and outcomes. Continuous provision of technical assistance in capacity building and mentoring at all levels is critical for developing new skills, systems, standards and tools, as well for sustained reduction of HIV infection among the MARPs. Specifically, there is an urgent need to strengthen the supply chain management system and develop stakeholder capacity in surveillance surveys, data management and the provision of HIV/AIDS and sexual and reproductive health services.

There is also a need for more advocacy to relevant government agencies and ministries for increased coordination and support to ensure uninterrupted provision of quality HIV/AIDS services in the country. Prevention of HIV and treatment of STIs in Lao continue not to receive sufficient funding and resources as key priorities in the national strategy. Further advocacy on addressing stigma and discrimination towards FSW and other MARPs will help to encourage better health seeking behavior. Funding to continue successful models for MARPs should be advocated in order to reduce and maintain a lower STI prevalence and manage the burden on the health care system.

APPENDIX: 1

PROJECT PARTNERS

| Implementing Agency Name | Funding by U.S. Fiscal Year In U.S. Dollars | | | | | |
|---|--|---------|---------|---------|------|---------|
| | FY08 | FY09 | FY10 | FY11 | FY12 | Total |
| Champasak Provincial Coordination Committee for the Control of AIDS (PCCA) | 33,869 | 32,117 | 30,985 | 22,139 | N/A | 119,110 |
| Luang Prabang PCCA | 32,296 | 27,980 | 18,090 | N/A | N/A | 78,366 |
| Savannakhet PCCA | 39,371 | 35,890 | 34,188 | 25,833 | N/A | 135,282 |
| Vientiane PCCA | 125,966 | 139,008 | 122,561 | 135,313 | N/A | 522,848 |
| TOTAL | | | | | | 855,606 |